	234505			
STATE OF SOUTH CAROLINA	)			
(Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA )			
J.C. Smith	TRANSPORTATION COVER SHEET			
RECEIVED	2011-306-1 ) DOCKET ) NUMBER: 1944-533-T			
JAN 12 2012 T,T,R,R,W,W	) If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.			
(Please type or print)  Submitted by:   C Sm/+6	Telephone: 8 43-669-4475			
Address: 522 N. 21 From 18	Fax:			
Floresce, SC 2950L	Other:			
	Email:			
as required by law. This form is required for use by the Public Service	aces nor supplements the filing and service of pleadings or other papers e Commission of South Carolina for the purpose of docketing and must			
be filled out completely.				
NATURE OF ACTION (Check all that apply)				
☐ Application – Class C Taxi	Request to Amend Scope of Authority			
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)			
——————————————————————————————————————	Request to Amend Passonger Limit			
Application - Class C Non-Emergency	Request			
Application - Class E Household Goods	☐ Exhibit			
Application - Class E Hazardous Waste	Late-Filed Exhibit			
Application	Letter Letter			
Request for Extension to Comply with Order	Late-Filed Exhibit  Letter  Proposed Order  Publisher's Affidoris PSC SC			
Request for Order Granting Authority to Obtain Certificate Public Convenience and Necessity to Be Rescinded	Publisher's Affidovit PSC SC Reservation Letter			
Request for Cancellation of Certificate	Reservation Letter			
Request for Suspension	Response			
Request for Reinstatement	Return to Petition			
Request for Name Change on Certificate	Other:			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## **CLASS C REINSTATEMENT FORM**

File the original with:	Mall or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201
Columbla, S.C. 29211 (803) 896 – 5100	(803) 737-0578   FAX (803) 737-0815
FAX (803) 896-5199	
	RECEIVED
DATE: 1-6-12	JAN 12 2012
Please consider this an application for Reinstateme	ent of my: T,T,W,W/W
Taxi Certificate Number 62/6	
Charter Certificate Number	<del></del>
Charter Bus Certificate Number	<del> </del>
(DATE)	-11 because Not submitting
My certificate was revoked/cancelled on <u>//-14</u> (DATE) ランロ おいしん Report	because Not submitting
My certificate was revoked/cancelled on _//- 14 (DATE) プロロードロール Report	d like to be brock in compliance
My certificate was revoked/cancelled on <u>//-14</u> (DATE) ランロ おいしん Report	d like to be brock in compliance
My certificate was revoked/cancelled on	d like to be bock in compliance
My certificate was revoked/cancelled on	the because Not submitting
My certificate was revoked/cancelled on	d like to be book in compliance
My certificate was revoked/cancelled on	because <u>Not submitting</u> Od like to be book in compliance  BA  (if applicable)
My certificate was revoked/cancelled on	the because Not submitting
My certificate was revoked/cancelled on	because <u>Not submitting</u> Od like to be brock in compliance  BA  (if applicable)
My certificate was revoked/cancelled on	because <u>Not submitting</u> Od like to be brock in compliance  BA  (if applicable)
My certificate was revoked/cancelled on	because <u>Not submitting</u> Od like to be book in compliance  BA  (if applicable)

ORS Revised 2-22-10

Transportation

CARRIER ANNUAL REPORT

ASS C-TAXI-CHAPTED

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

## FOR THE YEAR ENDED 2010

Calendar Year Ending December 31, 2010 [ ] Fiscal Year Ending \_\_\_\_\_



## **Company Officers**

Title of Officer	Name of Person Holding Office
President	J.C. Smith
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Su	upt.

## Contact Information (If different from above)

Contact Name:	nith	<del>-</del>
Title:	Clara	-
City: Florence	<i>a</i> .	ZIp: 29506
Telephone Number: (大行) 46	9.4415 E-mail: _	

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